

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09 / 646346** FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1										
2		1											
3		2											
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TOTAL IND.		↓	1	↓		↓							
TOTAL DEP.		↓	18	↓		↓							
TOTAL CLAIMS		↓	19	↓		↓							

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMEENDMENTS

Barbara Campbell
National State Processing